

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	1		1			
4	2		1			
5	2		1			
6	2		1			
7	2		1			
8	1		1			
9	2		1			
10	2		1			
11	2		1			
12	2		1			
13	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	19	←	11	←		
TOTAL CLAIMS	21		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.			←		↓	
TOTAL CLAIMS			←		←	